Commonwealth of Massachusetts
Department of Public Health
Division of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street • Boston, Massachusetts 02114

SUPERVISOR VERIFICATION, AND AGREEMENT TO MONITOR PRACTICE AND PROVIDE PERIODIC REPORTS TO THE BOARD OF REGISTRATION IN NURSING

Name of Nurse on Probation _____

License Type and No. _____Docket No(s). _____

Effective Date of the Probation Agreement or Order: _____

Length of Probation (specified in Agreement or Order): _____

Nurse's Date of Employment:_____

Employer Name and Address: _____

_____

I, _____ (print supervisor's full name) on _____(insert date) reviewed a signed copy of the Probation Agreement (Agreement) or Order between _____ (insert nurse's name) and the Board of Registration in Nursing (Board). I hereby agree that I will monitor and evaluate this nurse's practice as specified in the Agreement or Order, and will provide written reports to the Board on the Supervision Report form provided by the Board at the intervals required by the Agreement or Order.

I also agree to promptly notify the Board's Probation Monitor if the nurse resigns or is terminated from employment.

I further certify that I am a RN / LPN (circle one), have completed at least one (1) year of clinical nursing practice, and that I do not have any open administrative or criminal complaint, or any prior license discipline by any Board of Nursing.

SUPERVISOR'S SIGNATURE _____Date:_____

_____

(Print/Type: Name and Title of Supervisor completing this form)

Supervisor's License Type and No.:_____ Supervisor Phone No.:_____

PLEASE NOTE CAREFULLY:
This completed form must be mailed *with* the supervisor's signed cover letter written on the facility's letterhead directly to: Probation Monitor
DPH – DHPL, Board of Registration in Nursing
239 Causeway Street, 2nd Floor
Boston, MA 02114